STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE KNOWN [TYPE OR PRINT] OF ESTI-THOMAS DEATH MATED HENRY BEAL MARCH 1213 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DAY DATE LAST BIRTHDAY PRONOUNCED male black Aug. 10, 1912 74 YRS DEAD MARCH 13.1987 78 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED FOREIGN COUNTRY Md. USA ST. MARY'S DIVORCED WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY LEONARDTOWN ST. MARY'S HOSPITAL CUSTODIAN STATE USUAL RESIDENCE JIE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 113b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN ST. MARY'S SCOTLAND (20687 MD. YES [ NO DX GEN. DEL. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST MAC BEAL LUCY BARBER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES! 214-16-7798 ALICE BEAL NO SAME APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: IN EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: A AFFER DEATH, WITH THE SIL BALTMORE. MARYTAND. Inspection and in my apinian 22a. I certify that I taak charge of the remains described above, held an Autopsy Hamicide Undetermined manner death resulted from Natural causes TITLE 4SPECIFY SIGNATURE EXAMINER'S NAME WILLIAM D. BOYD, 11, M. DADDRESS LEONARDTOWN, MD. BURIAL 1987 HOLY FACE CEM. GREAT MILLS, ST. MARY'S MARCH 18 MD. 24 FUNERAL DIRECTOR **DHMH - 17** MATTINGLEY, LEONARDTOWN, MD. (VR AT5 ME (5)) 20M 4/B2



Hines/Rinaldi Funeral Home

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO 20 DATE OF DEATH MONTH

26 HOUR

AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR

9 BALTIMORE CITY OR COUNTY OF DEATH

St. Marys

120 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY

13e STREET ADDRESS / ZIP CODE

12109 Renick Lane 20904 MIDDLE LAST Perko

ADDRESS Elizabeth Bohince - wife (same as 13e)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OF TOWN STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

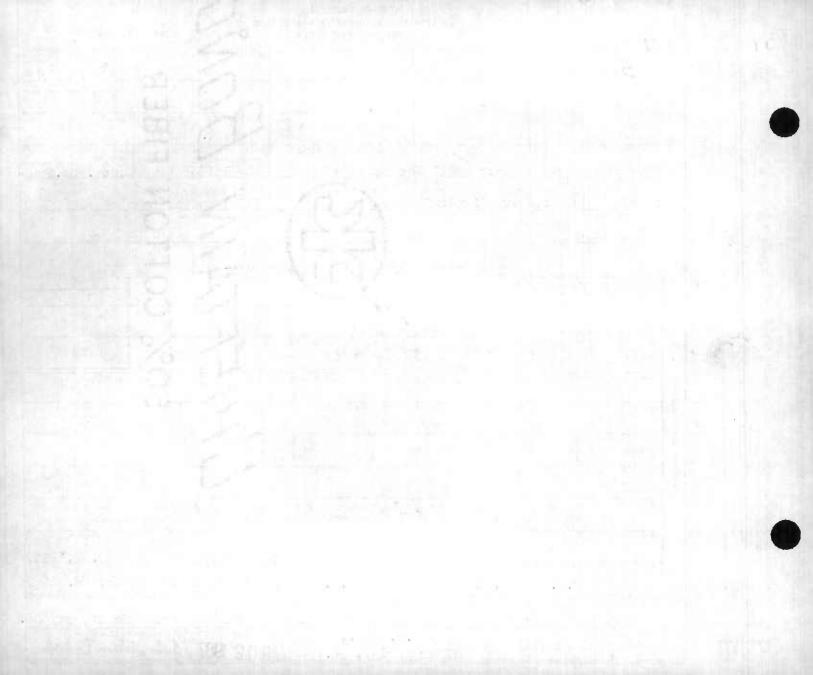
22¢ DATE SIGNED DIRECTOR PHYSICIAN

Julia Davidson Randall

Buria1 B-4-1987Gate of Heaven Cemetery Silver Spring Montgomery Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 11800 N.H. Ave.,

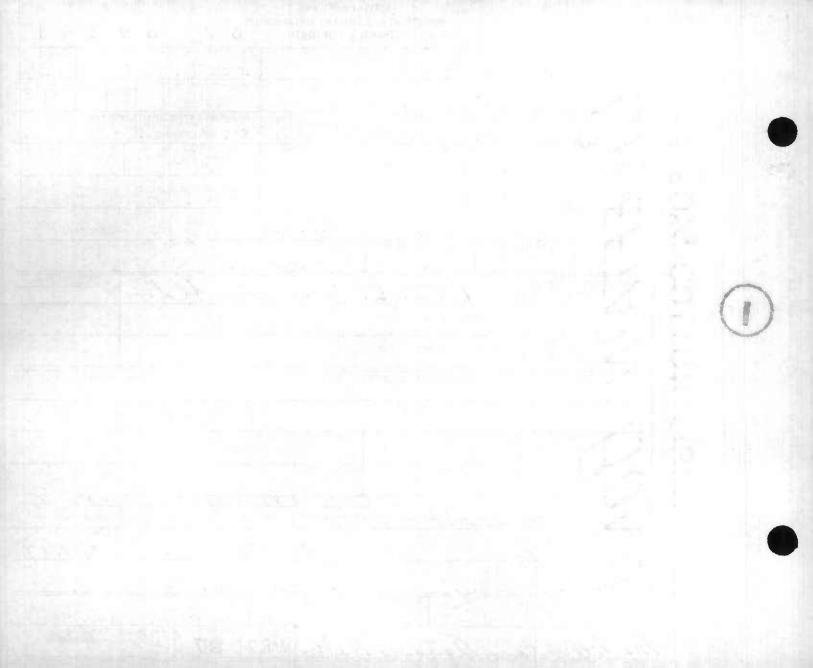
Silver Spring, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

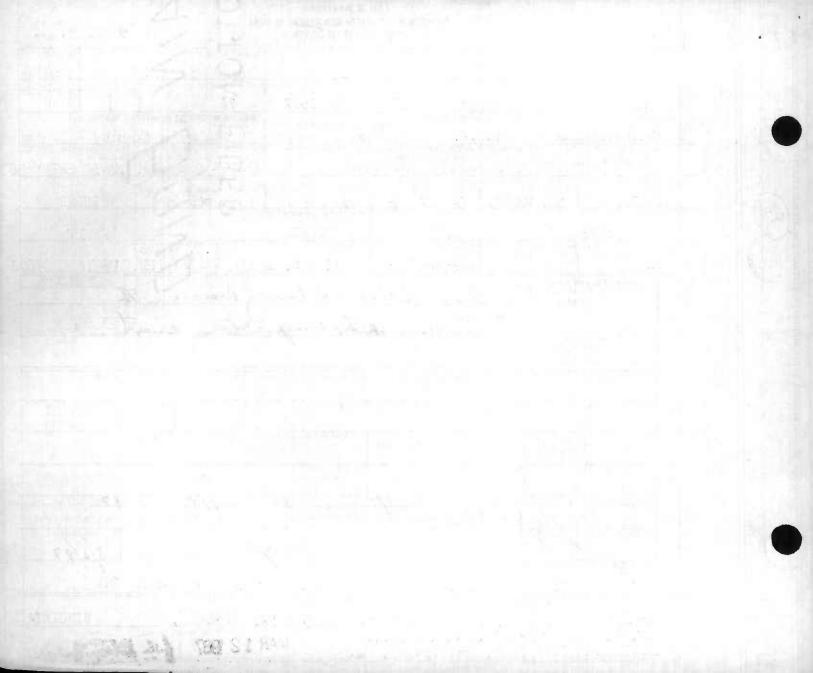




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(VRA 15, 4)		W.CLARKE MA	TTINGLE:	Y, LEON	VARDTO	WN,MD.	MAN 1	1 130/	guille D	wany	n-Kondaeas

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22e ADDRESS

March 15. 1987 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH St. Mary's County HOMEMAKER WORKING LIFE INDUSTRY 20659 130.STREET ADDRESS / ZIP CODE #2, BOX 57, ALL FAITH RD. MICH RT. #2RESSBOX 57 MECHANICSVILLE, MD. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN Leonardtown 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION OUEEN OF PEACE ST. MARY'S. MARYLAND HELEN.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

should be deter with the State IMPORTANT

22d PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

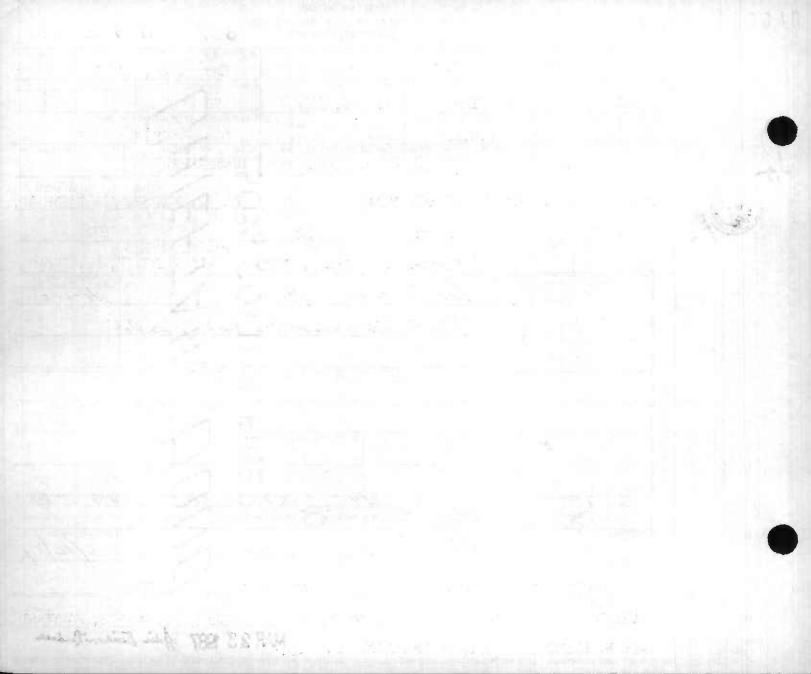
BURIAL

24 FUNERAL DIRECTOR

David Allen, M.D.

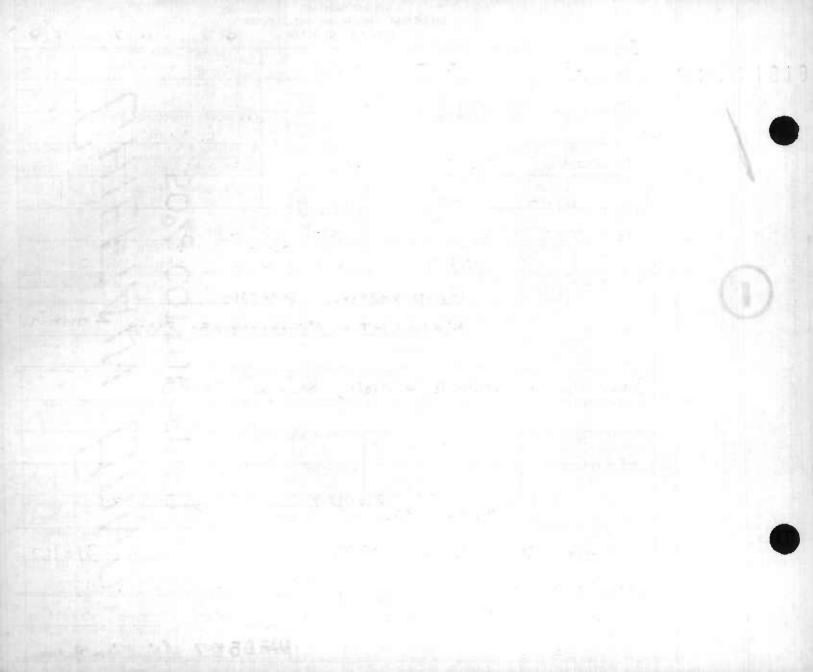
3/18/87

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH L DECEASED NAME (TYPE OR PRINT) JAMES L eCOMPTE CURLEY March 1 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 3 SEX MONTH June 16, 1912 Male Caucasian BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRYL St. Mary's County Ridge, Md. USA DIVORCED [ WIDOWED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION St. Mary's Hospital INDUSTRY Leonardtown Self employed Service Station USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS / ZIP CODE PO Box 424 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? St. Mary's Ridge Maryland NOK 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Mabel Louise Raleigh William Edward Curley 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDITION BOX 424 166. SOCIAL SECURITY NO 17. INFORMANT Wife -579-01-3858 Elizabeth Curley Ridge, Md. 20680 W.W.II Yes 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION amour 1220. 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO | 710 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET FACTORY, OFFICE, FARM ETC.) STREET NOT WHILE WHILE 220.1 certify that (1) (this haspital) attended the deceased from, saw the deceased alive on 3 and a star death.

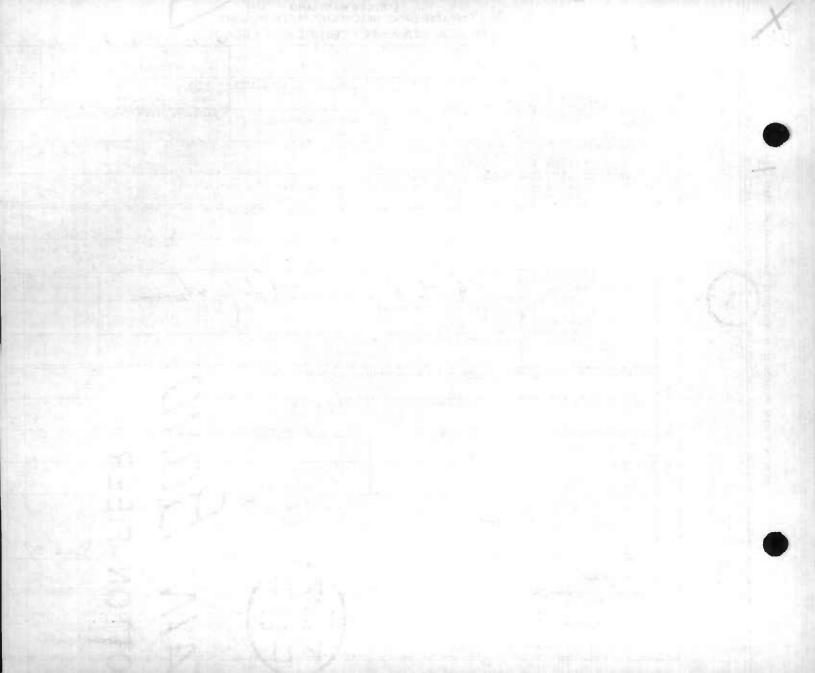
above. (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN [X DIRECTOR | PHYSICIAN [ 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS ъ Z. Yousaf. M.D. Prince Frederick. 236 BURIAL, CREMATION, REMOVAL 33 DATE 3/2/87 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Maryland Cremation Huntt Crematory Waldorf Charles 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE PO Box 279 DHMH - 16 60M 7/84 Brinsfield Funeral Home Leonardtown, Md. (VRA 15. 4)



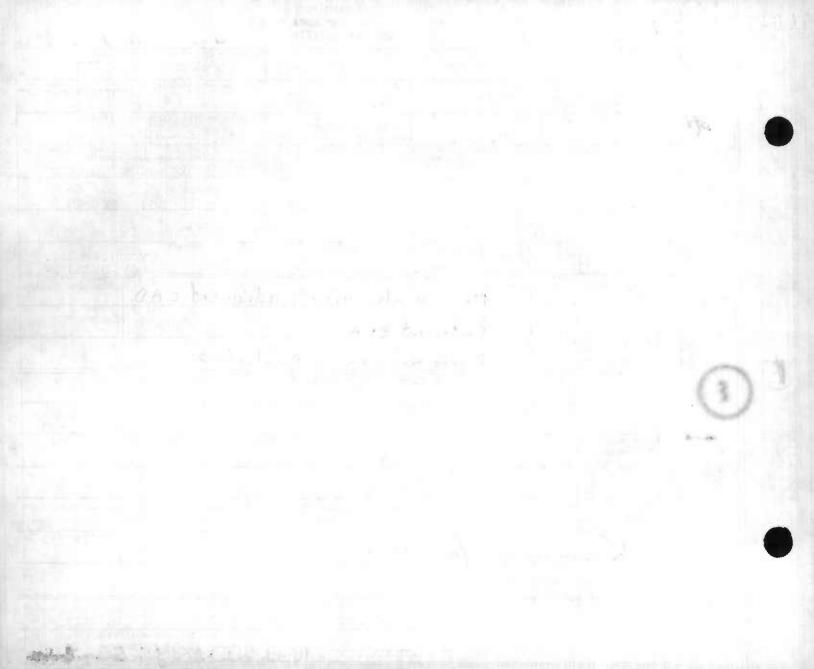
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. N.C DECEASED NAME KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED DMARCH R YOUR FILES. HIN 72 HOURS ELTON STREET, DAVIS JOSEPH BURCH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH 7d HOUR DATE LAST BIRTHDAY) PRONOUNCED 10 87 DEAD MALE WHITE MAY 8,1920 66 YRS MARCH NEON 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE (STATE OR MARRIED XX NEVER MARRIED FOREIGN COUNTRY! ST. MARY'S USA WIDOWED DIVORCED MD. ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 128 KIND OF BUSINESS OR INDUSTRY SUPPLY OFFICER U.S. NAVY MECHANICSVILLE HOME AL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONS 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN BALTIMORE, MD. 21201 30 STATE NO XX RT. 5 . BOX (20659) ST.MARY'S MECHANICS VILLES MD 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE FIRST BURCH MARY HARRY DAVIS 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO SAME AS 13E. 213-12-1676 DOROTHEA M. DAVIS YES 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Instrutarous IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 SSCON 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD OF E DEPARTMENT OF ARDED TO THE TE 3 SHOULD BE U YES NO DE 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AN MONTH DAY YEAR UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH 1/ 29 1987 II. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STREET NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE.
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFFER DEATH, WITH THE ST.
BALLIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Inspection Suicide . Hamicide Undetermined manner death resulted from: Natural causes Accident SIGNATURE EXAMINER'S NAME DAVID ALLEN. M.D. LEONARDTOWN, MD. 20650 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION CHARLOTTE HALL ST. MARY'S ALL FAITH CEMETERY BURIAL 4/1/87 BP. DATE REC'D BY AGGISTRAR 756 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** W. CLARKE MATTINGLEY, LEONARDTOWN, MD. (VR A15 ME (5)) 20M 4/82



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI-FRITTER EDWARD STACY DEATH MATED MARCH 14,1987<sub>M</sub> 6. AGE (IN YEARS IF UNDER 1 YR. SEX 4. RACE 5 DATE OF BIRTH IF UNDER 24 HRS. DATE LAST BIRTHDAY PRONOUNCED DEAD APRIL 18,1925 MALE WHITE 6 IRS MARCH 14.1987 TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7g. BIRTHPLACE (STATE OF MARRIED INEVER MARRIED FOREIGN COUNTRY! USA DIVORCED WIDOWED WASH.D.C. ST. MARY'S 1126 KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) LEONARDTOWN.MD ST. MARY'S HOSPITAL RET METRO WORKER USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 138 INSIDE CITY LIMITS? 13a STATE 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS ST. MARY'S YES [ NO I MD AVENUE BOX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST Edward fritter Sallv Stone 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Ten Oaks (YES, NO. OR UNKNOWN) Clarksville.Md. 579-20-7306 Duhame! Yes Mark 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last SED AS A BUR HEALTH AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO F EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CIT TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE I AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BUI 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21a PLACE OF INJURY (AT HOME 71d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains-described above, held an and in my apinian death resulted fram TITLE (SPECIFY) ACTUAL SIGNATULE MEDICAL EXAMINER EXAMINER! ADDRESS 23g. BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE BURIAL MD. 3/17/87 LINCOLN CEM BLADENSBURG BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) CLARKE MATTINGLEY. LEONARDTOWN, MD 20M 4/82



46425 MAR-	918	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE	REG. NO	0	9	5 0
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4 may	3. SE:		4 RACE		5. DATE C	DAY YEAR	& AGE (IN	PEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
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TIMORE te be exe an and co		VAS DECEASED EVER IN U.S. A les, no or unknown) (IF yes, G NO	RMED FORCES' IVE WAR OR DATES)			Peter A. Gr	riffi	ADDRES	Gra	mpton ments	Rd.
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OF VIII		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c HOW INJURY OCCURI	RED JENTER N	ATURE OF INJURY	IN ITEM TO, PAR	T I OR PART 2	
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O HOSPITAL SH Usined by the long O FUNERAL DIR ould be deliached th the State Dept FORTANT: If its		226 SIGNATURE  226 PHYSICIAN'S NAME (TYPE	accu ORPRINT)	fasd	ain	DEGREE  ATTENDING PHYSICIAN [ 220 ADDRESS	MEDICAL DIRECTOR	STAFF		22c. DATE	SIGNED
H CO FI		Kioumaro		dani							
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DHMH-16 25M (VRA 15, 4) 1/79	24 FI	W. Clarke	Matti	ngley Le	onar	dtown, Md.		registrar 2	Sb. REGISTRA	AR'S SIGNAT	URE



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STATE OF MARY	
DEPARTMENT OF HEALTH AN	048983 A A - START
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## YLAND D MENTAL HYGIENE

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ATE OF DEATH MONTH	DAY	YEAR	26	HOLID	

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	ECEASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH	MONTH DAY YE	AR Zb, HOUR			
	MABE		HF	VRROD	March 20	1987	187 M			
3. 5	Female	RACE	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS D	YEAR IF UNDER 24 HRS			
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1	Joseph	NIDDLE	Boots	15 MOTHER'S MAIDEN NAM Maggie	MIDDLE		modore			
	WAS DECEASED EVER IN U.S. ARE	WAR OR DATES	5-36-7443	John Harrod,	Jr. Box 148		ußlic			
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MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED	P.M.	MONTH DAY YEAR 19 JURY	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR					
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	27 L SIGNATURE 2 1		M	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	F	ATE SIGNED			
	224 PHYSICIAN'S NAME (TYPE OF	PRINT		22e ADDRESS Shan	ti Medica	l Center				
	Dr. U. Sha	h		Leon	ardtown.	Md. 2065	0			
230.	BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial	March 26.1		Cemetery	23d LOCATION CITY OR TOWN Port Repu	iblic Cal	vert MD			

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

Spencer E. Sewell Box 31 Prince Fred.MD20678

250 MAR 3 0 1987 AR Julians Dandum Almedana

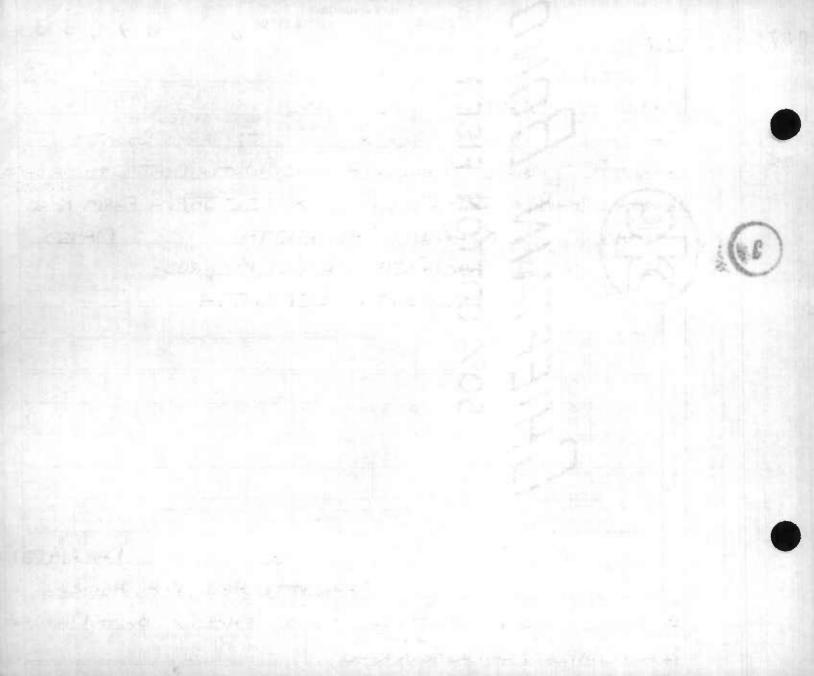
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49309 APR-		FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	IENE 8	0 9 2	5 2			
0000		CEASED NAME FIRST	MIDDLE		TZA	20. DATE OF DEATH	MONTH DAY YEAR	2h HOUR			
page 3	(TYPE	OR PRINT) HILDA	ELIZABETH	HER	BERT	March 30,	1987	08:35A			
noy po	3 SE	(	4 RACE	5. DATE (		6 AGE (IN YEARS LAST BIRT	MONTHS DAY				
000	_	Female	Black	Apr	.10,1942	44	YRS				
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1 11	L	eonardtown	St. Mary's Ho			Housewife	e Hor	ne			
5	13a S	STATE 13b. COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEF NTY 136. CITY OR TO Mary's Chapt	WN	13d. INSIDE CITY LIMITS? YES NO X	Box 375/					
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he law read.  an.  permit. Temperation.	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH O			N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES T	PINGS USED ES OF DEATH?			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the deoth certifications and allowing physician.  When this certificate has been signed by the attending physician and the permit. Then please remove carbon and the properties of the burial-transfer in the new force of the permit in the please remove carbon and mental Hygiene prior to burial, cremation, or removed.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 21				
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DHMH - 16 60M 7/84		JNERAL DIRECTOR	ADDRES		25a. DAT	E REC'D. BY REGISTRAR	25 RECHSTRAR'S SICH	MARINE			
(VRA 15, 4)	W	.Clarke Matti	ingley, Leonar	dtown	,Md. APR	3 1987 3	ha diesession				

STATE OF MARYLAND

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offer o		3. SE		4 RACE	5. DATE OF	DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDE	DAYS HOURS	R 24 HRS MIN.
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nding pl his certif e burial-t d Mental	10	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	19	21f LOCATION	CITY OR TO	WN CO	UNIY 5	STATE
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by the			22d PHYSICIAN'S NAME ITYPE O	PROINT		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF		JARCH 11	1.P87
HO Selection	S. C.					CHARLOTT	HALL '	V. A. H	smol	
of of sho	£ =	230 B	URIAL, CREMATION, REMOVAL	23b. DATE	0	METERY OR CREMATORY	236 LOCATION CITY OF TOWN	COUNT		STATE
BP	518	B	URIAL INERAL DIRECTOR	3-17-1987	Lobre	IR GROVE	PHOLOS PARISTRAN	X BAL	50.11A	RYLAN
DHMH - 16 60M 7	/84	5.	NAME ORECTOR	0= C 1) - 000 ADD	RESS 2335	A C	MAR 20 198	TO REGISTRAR SE	Terreson For	mars a



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 4 9 3 1 5 AP 1 - STATE, MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN FT CTIFE OF FRAIL ESTI-DEATH MATED X CHARLES KEISTER RONALD 3-24-8719 & AGE (IN YEARS 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 20 DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 5, 1941 DEAD MALE WHITE 45 3-28-87.19 9:158 RE SIRTHPLACE ILLATE O 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED St. Mary's County MARYLAND DIVORCED X 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Star Rt. 544 California BRICK LAYER JAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 134 INSIDE CITY LIMITS? 130 STREET ADDRESS 13c. CITY OR TOWN MARYLAND BOX 544 ST. MARY'S 20619 CALIFORNIA NO T 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST LELON NELLIE CLIFFORD ROSE SHAWEN KEISTER 17. INFORMANT ADDARS. #5, GENERAL DEL. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 220-40-6406 TAMMY LYNN TROSSBACH, PARK HALL, MD. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: fatty liver IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which alcoholism gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED ID THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 IN 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 210 PLACE OF INJURY SATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE NOT WHILE 22a I certify that I took charge of the remains described obave, held an Inspection Inquiry and in my opinion Natural causes Homicide L Undetermined monner TITLE (SPECIFY) PAGE 4 3m. TO FUNERAL PATER DEATH. 3-28-87 DATE Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M. Depress 230 BURIAL, CREMATION, REMOVAL 236 DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CREMATION 3/28/87 HUNTT CREMATORY WALDORF CHARLES, MARYLAND 07/84APR 3 1087 24 FUNERAL DIRECTOR **DHMH** - 17 dia Deviden Pan EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD. (VR A15 ME (5))

DHMH - 16 60M 7/84 (VRA 15, 4)

W.Clarke Mattingley, Leonardtown, Md

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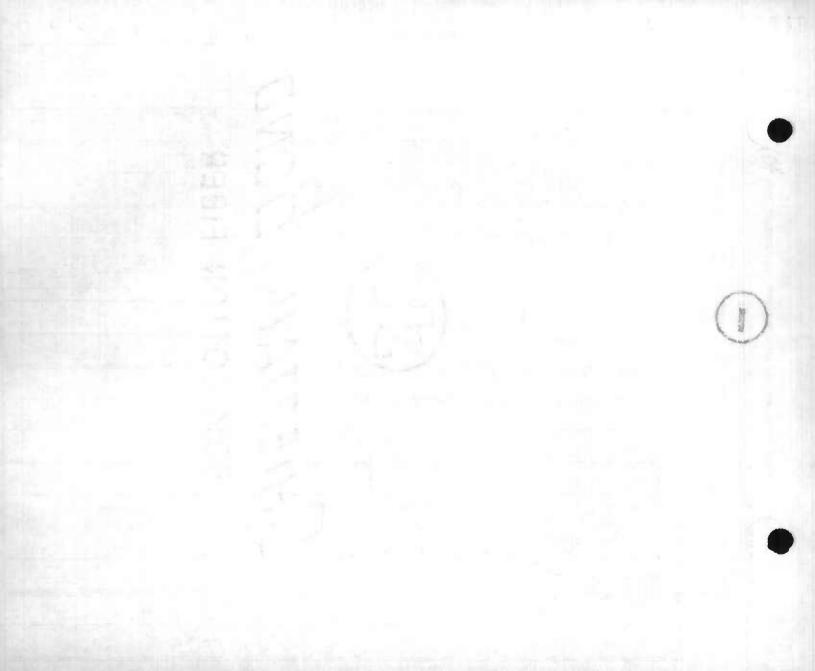
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STATE OF MARYLAND



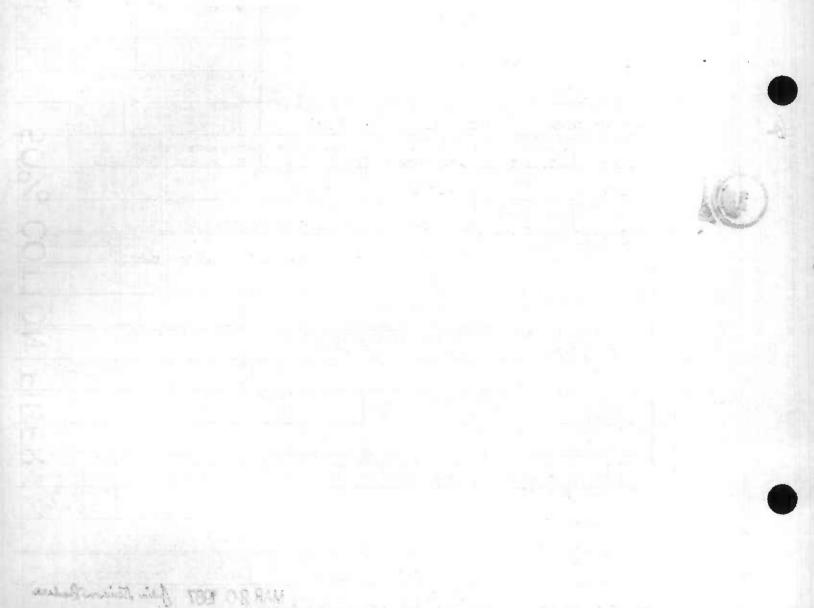
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IS NECESSARY, PLEASE FFUNERAL DIRECTOR. E. S. FOR YOUR FILES. D. WITHIN 72 HOURS WEENON STREET,		SHINGTO	DN, D.C.	USA		WIDOWED			Mary's	County	7	MD.
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BALTIMORE, MD. S AFTER DEATH. IF GIVE PAGES 1, 2, TITH FOR		NO	(II 163, GIVE	TAR OR DAILS)	217-36-	5955	MARY C.	MASON	SAME	AS 131	E.	
W. T. WILL		IS CAUSE OF DE			for (a), (b), and (c).)					APP	PROXIMATE IN	NTERVAL
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ME HOLL		death regulard to	on South	ol courses (\$	Accident 2	oicide .	Hamicide .	Undetermined mo	nner .			
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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE PORN TO FUNERAL DIRECTOR; P AFTR DEATH, WITH THE SI; BALLIMORE, MARYLAND, 2		TYPE OR PRINT	/ Jah	n E. Smia	alek, M.D.	AD	DRESS111	Penn St.	, Balto.	, MD 2.	TSOT	
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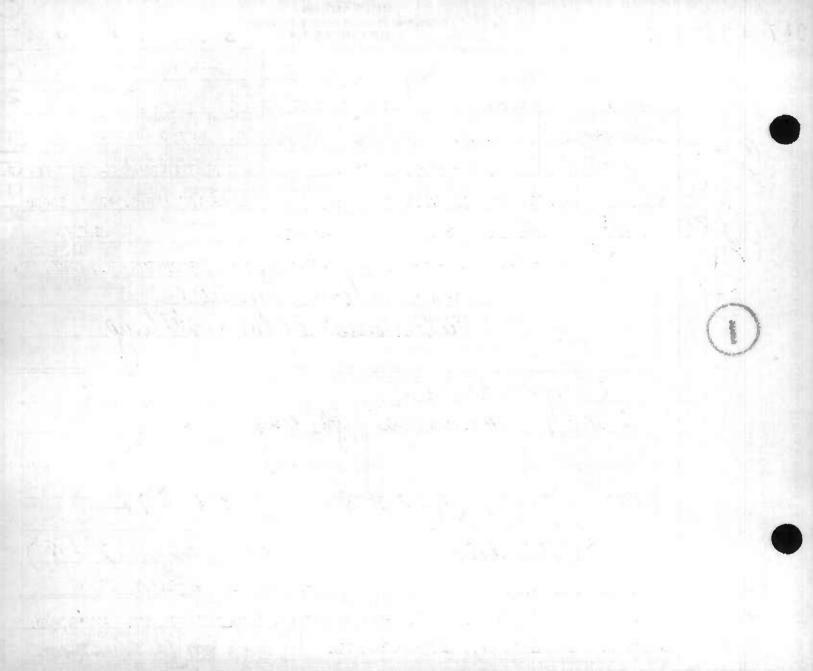
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or use as the of Health m 21 is ma		22a I certify that (I) (this hosp sow the deceased alive o	2/4	4 -	11/22 19/3 nd that in (my) (our) opinion	deoth occurred on the date and	hour and from the couses stated
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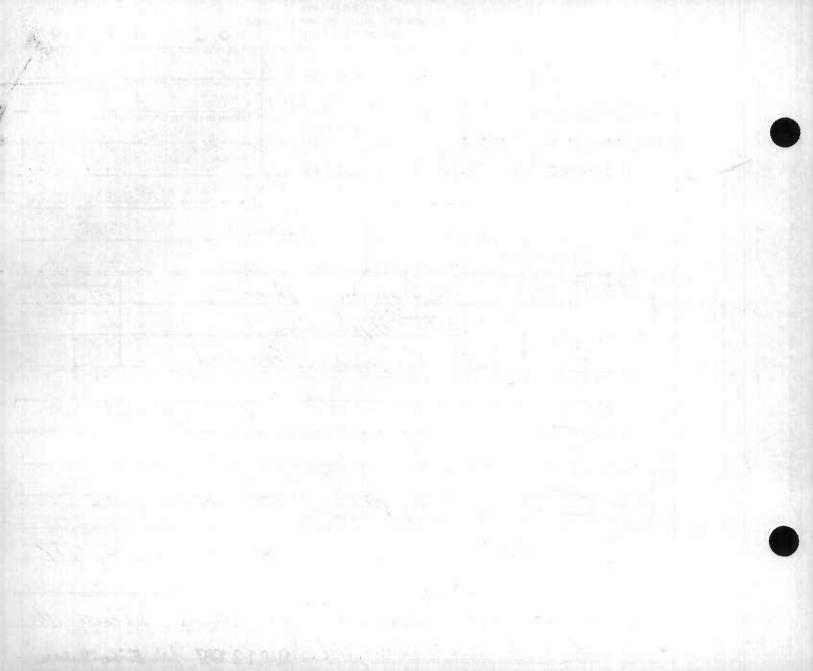
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	TA BELLET	1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	N.I	22e ADE	DRESS	DIRECTOR PHYS	CIAN	12.1				
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1	0 € 5 € ! 3 +		BURIAL, CREMATION, REMOVAL	236 DATE	23c. N	AME OF CEMETERY		23d LOCATION	/ Lana					
	BP		BURTAL	3/10/	/87 ST.	GEORGE'S	EPISCOPA	VALLEY I	EE ST	MARY!	S. MD.			
0	DHMH - 16 60M 7/84		JNERAL DIRECTOR				25a. DATI	REC'D. BY REGISTRA	R 256 REGISTRAR	SSIGNATI				
	(VRA 15, 4)	E	OWARD N. BRINSF	IELD, JI	R., LEONAF	DTOWN, MD	MA	R 1 3 1987	Julia Davi	doon-A	ander.			



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 26 HOUR I. DECEASED NAME LYPE OR PRINTI ELIZABETH March & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4. RACE 5. DATE OF BIRTH 1909 FEMALE WHITE 9. BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY PHILA.. St. Mary's County WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR 12a. USUAL OCCUPATION INDUSTRY Mary's Hospital Leonardtown USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13n STATE 13b COUNTY 13d INSIDE CITY LIMITS? P.O. BOX 620 GREAT MILLS MD LEXINGTON A FATHER'S NAME 15 MOTHER'S MAIDEN NAME 2065-MIDDLE MIDDLE CROWLEY IZABETH GEORGE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Wilkens DORA 173-05-1160 18 CAUSE OF DEATH (Enter only one cause per line for an abound it is PART I, DEATH WAS CAUSED BY: Minutes IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOL YES [ NO [ 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) faid (did not) view the body after death 226 SIGNATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ FUNERAL MPORTANT 22e. ADDRESS 224 PHYSICIAN'S NAME TTYPE OF PRINT d b David Allen. Leonardtown 20650 23d LOCATION 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)



DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

FUNERAL HOME.INC..LA



				STAT	TE OF MARYLAND					
OR			DEPARTA	AENT OF H	HEALTH AND MENTAL H	YGIENE				
STATE REGISTRAR				CERTII	FICATE OF DEATH		8 REGINO	).	0 9	2 6 %
ASED NAME	FIRST		WIDDLE		LAST	2a DATE	OF DEATH	MONTH 1	DAY YEAR	2b. HOUR
PRINT	RMAN		Oscar	- 1	RAMGE		MARC	H 20	2. 1987	9: 15 An
140		RACE	O /SCAI	5 DATE	OF BIRTH	6 AGE	(IN YEARS LAST BIRT		IF UNDER ' YEAR	IF UNDER 24 HRS
LE	7	VHITE		OCT		6	0	YRS	NONINS BATS	HOURS MIN.
HPLACE (STATE OR F			WHAT COUNTRY?	8		9 BALTI	MORE CITY OF		OF DEATH	
UNIRY)	,	TC A		MARRIE				.10		
OR TOWN OF DEA		JSA 1. NAME OF	HOSPITAL, NURSIN	WIDOWI G HOME (	OR OTHER INSTITUTION	I ST	MARY		12h KIND C	MD. OF BUSINESS OR
		(IF NOT IN SUC	HEACILITY, GIVE STREET			(TYPE OF	WORK FOR MOST OF	WORKING LIFE		
ARLOTTE	HALL	CHARI		LL V	A. HOME	POL	ICE O	FFICE	ER U.S	NAVY
RESIDENCE (IF NURS	136 COUNT		13c. CITY OR TOW		134. INSIDE CITY LIMITS	13e.STRE	ET ADDRESS /	ZIP CODE	21	1653
	ST.MA	ARY'S	LEXING	TON	PARK NO X	6	-D SI	JSAN_	LANE	000
HER'S NAME	A)	DDLE	LAST		15 MOTHER'S MAIDEN	NAME	MIDDLE		LAS	
RMAN	(	DSCAR	RAMGE.	SR.	GERMAIN	IE.	Н.	-	UNNIN	
S DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRE		· CONTRACTOR	JII AIT
NO OR UNKNOWN)	(IF YES GIVE )	WAR OR DATES)	206 20	062	5 DOROTHY	C DA	MGE S	SAME	AS 13	•
Conditions, if ony, gave rise to imm cause (a), statin underlying cause	nediate	DUE TO, 0	R AS A CONSEQUE	NCE OF	f the Brai					
ART 2 OTHER SIGN	IIFICANT CO	NDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISE	EASE OR COND	ITION GIV	EN IN PART 1	a
DATE OF OPERAL	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 A	UTOPSY?	IN CERTIF	, WERE FINDING CAUSES	
OR CONTRIBUTING CONTRIBUTING CONTRIBUTING	AUSE OF DEATH	,	DE INJURY M. MONTH DA M.	YEAR	21c HOW INJURY OCC	URRED (ENTE	R NATURE OF INJUR	Y IN ITEM TO P.	ART I OR PART 2)	
14 INJURY OCCURR	ED	21e PLACE			21 LOCATION		CITY OR TOY	VN.	COUNTY	STATE
WHILE NOT WH		(AT NUME ST	REET FACTORY OFFICE F.	mann, ETC. J	JACE			5		
20 1 certify that (1)					. 19					that (1) (we) last
saw the decease abave, (I) (we) (d	d alive an_	view the body	after death	, a	nd that in (my) (our) opini	an death occi	urred on the da	te and hou	and fram the	causes stated
26. SIGNATUR	11/11	1	1 1		DEGREE				22c. DATE	SIGNED
1 1	1 /1	11/1	- 1 0		ATTENDING	MEDIC	ALC & STAF	F	1200	1 0-

saw the decea abave, (I) (we) 226 SIGNATURE

220 ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

ARLINGTON.

BURIAL

- STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

10 CITY OR TOWN OF DI

CHARLOTTE

190 DATE OF OPER

210. ACCIDENT WAS U OR CONTRIBUTING

(IF EITHER NOTIFY MEI 21d INJURY OCCU

USUAL RESIDENCE (IF NU 13a STATE MD. 14 FATHER'S NAME FIRST NORMAN 160 WAS DECEASED EVE IYES NO OR UNKNOWN)

YES

CERTIFICATION

MEDICAL

If them 21 is marked or Item

IMPORTANT:

3 SEX MALE 10. BIRTHPLACE (STATE OF COUNTRY) WI.

ARLINGTON NATL.CEM

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

236 DATE

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN

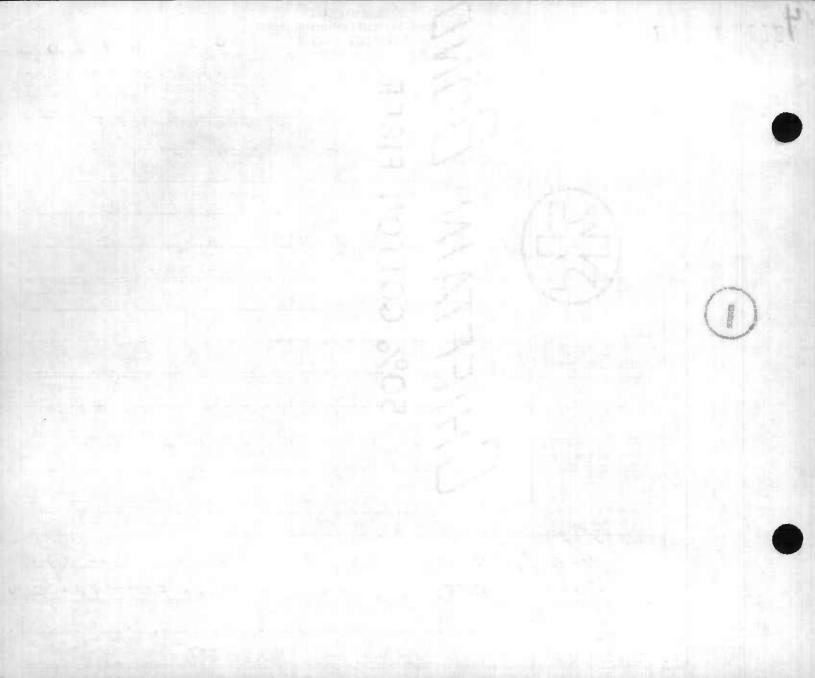
COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

0

3/25/87 24 FUNERAL DIRECTOR ADDRESS CLARKE MATTINGLEY, LEONARDTOWN,

ARLINGTON 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20. DATE OF DEATH MONTH HTYPE OF PRINT) DAVID MARION REUBEN March 25 IF UNDER I YEAR 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX Male White 1943 TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY St. Mary's County Md. U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
St. Mary's Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Leonardtown Bar Tender HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE I3e.STREET ADDRESS / ZIP CODE General Delivery/20692 136 COUNTY Valley Lee St.Mary' Md. NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Valeria Theresa Grimes Reuben Louis 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 6306 Alamo St., LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 214-42-2014 James A. Warfield, Springfield, Va. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CARDIO RESPIRATORY FAILUAF IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF upper Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES F NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an abave, (I) (we) (did) (did nat) view the bady after death. and that in (my) (aur) apinian death accurred an the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING \_ MEDICAL PHYSICIAN DE DIRECTOR PHYSICIAN 226 PHYSICIAN'S NAME (TYPE OF PRINT) Leonardtown, Maryland 20650 B. Jhaveri, M.D. 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23¢ NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory, Suitland, Georges, Md. 3-26-87 Cremation 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 W. Clarke Mattingley, Leonardtown, Md. (VRA 15, 4)



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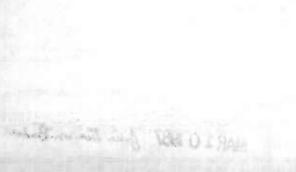
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH DAY 26 HOUR (TYPE OR PRINT) ESTI-**EMORY** PAUL RIDGELL DEATH MATED □MARCH 1.8 8 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED DEAD WHITE OCT.7.1908MARCH 18 19 87 MALE 76. CITIZEN OF WHAT COUNTRY? 1 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA MD. WIDOWED | DIVORCED MARY's O FITE STANGIONATHPARKII. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) MD. PATUXENT RIVER NAVAL HOSPITAL FARMER FARM USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS ST. MARY's ST. INIGOES YES [ NO X GEN. DEL MD. 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE LAST MIDDLE NORRIS ROBERT ALLEN RIDGELL LULA 17. INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. BOX 7 (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 217-36-8122 DORIS E. RIDGE. WOOD MD APPROXIMATE INTERVAL III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 22a I certify that I took charge of the remains described above, held an Autopsy death resulted from: Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER XAMINER'S NAME BOYD, M.D. JAMES LEONARDTOWN, MD. 20650 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL THE DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY BURIAL ST.MARY'S 3/21/87 ST.MICHAELS CHURCH CEM. RIDGE Md. 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE FALL Julia Devider & DHMH - 17 W. CLARKE MATTINGLEY, LEONARDTOWN, MD (VR A15 ME (5)) 20M 4/B2





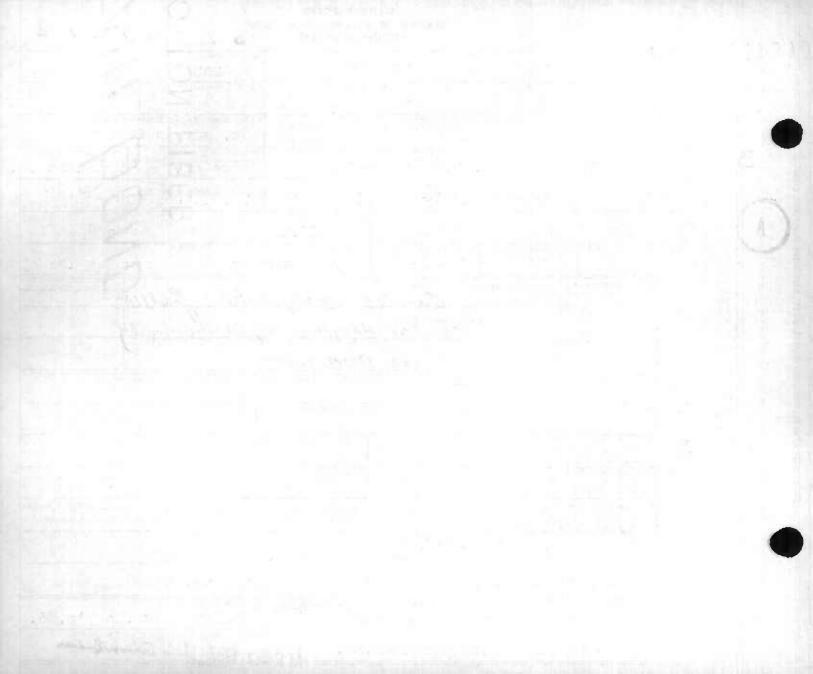
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			CEASED NAME	FIRST		MIDDLE	LAST		20. DATE	NOWN X	MONTH DAY	YEAR	2b. HOUR
	異点は設定	1111	E ORPRINT)	Ronald	La	Verne	Smith	, Jr.	OF DEATH	MATED	3/ 6/	10 87	
	2659E	3 SEX		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEA	RS IF UNDER 1	YR. IF UNDER	24 HRS. 7c. DATE		MONTH DAY		29 HOUR
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	ALUSA C	10. CI	TY OR TOWN	OF DEATH	II. NAME OF HOS	PITAL, NURSING HOME			120 USUAL OCCUP	ATION (TYPE O	FWORK 17b K	IND OF BUS	SINESS
1	353EX 7	Pa	tuxent	Piver		CILITY, GIVE STREET ADDRESS)  Naval Hosp	ni+al		FOR MOST OF WORK	ING LIFE)	0	RINDUSTR Chool	Y
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O.	2028-0		Ronald	EVER IN U.S. AR		16b. SOCIAL SECURITY	NO. 17 INF	ORMANT	All		Rte.1,		
NE NE	后名550 \	(1)	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES]				. Smith				
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VITAL RECORDS, 201 W	T CAN ABO	ATTIO	19a DATE OF	OPERATION	III CONDIT	ION FOR WHICH OPER	ATION WAS PER	FORMED?			120	AUTOPSY?	
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DIV	DESCRIPTION -	N.	WHILE	NOT WHILE S	71	ORY, FARM, ETC.)	STREET 22	Conis	ng Ridge,		COUNTY	. 14	STATE
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	#258E			/ //	10 01	cribed above, held an	Autapsy X		Inquiry	, and i	n my apinian		
	MEMBER N	1	death resulte	d frame Hatur	di dausen	Accident X Sui		omicide	Undetermined man	iner			
	20323		ACTUAL	1 2	de l'of	Min		E (SPECIFY)			DATE 3	17/07	
	DICAL FETHE FETHE PEATH DEATH	1	SIGNATURE_	-	- 4	110	M.D. A	ssistan	MEDICAL EXAMI	NER	DATE SIGNED 3	///8/	
	ON THE PARTY OF TH		EXAMINER'S	NAME Cha	rlee P k	Cokes, M.D.	ADDRE	. 111	l Penn St.				
	PAG PAG			ION, REMOVAL 2					123d LOCATION				
02.0	0.0	(5	PECIFY)		Mar.10,1	73t. NAME OF CEN Charle	es Memo	orial	Leonard	town	COUNTY	STA STA	IE SM
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	DHMH - 17 (VR A15 ME (5))	TAT	Clarke	Matti	ADDRESS	onardtown	МД	MA	1 0 987	gula .	N DIGITA	Carana	100
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STATE OF MARYLAND



		OR			DEPARTME			ARYLANI AND MEI		GIENE					-114	
9 45		STATE REGISTRAR			DICAL EX						H	RECO	10.9	La	1	
		EASED NAME	FIRST		WIDDLE		L	AST		20.	DATE KI	NOWN	MONTH	H DAY	YEAR	2b. HOUR
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3	3 SEX		4. RACE	5. DATE OF BIRTH	YEAR 6.	AGE (IN YEARS	IF UND		FUNDER 2		DATE	ED	MONTH	DAY	YEAR	2d. HOUF
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		lying cou	se lost.	(c)										- 10		
		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINA	L OISEASE C	OR CONDITION I	GIVEN IN PART	1 (o):						
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7	CERTIFICATION	190 DATE OF	OPERATION	196 CONDI	TION FOR WH	ICH OPERAT	ION WA	SPERFORM	NED?					20 /	AUTOPSY	?
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	CAL	CONTRIBUTI	NG CAUSE OF	DEATH P.M		19		_			1119			100	150	1.20
1	MEDICAL	21d INJURY C		21e PLACE (	OF INJURY ( IORY, FARM, ETC.)	AT HOME,	21f LOC			C	ITY OR TOWN	4	C	OUNTY		STATE
ı		AT WORK	AT WORK						-					13		
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1		deoth resulte	ed from: Notu	rol couses	Accident	], Suici	de .	Homicia	de .	Undeterm	ined mon	ner .	,			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN LEYPE OF PRINTS Timmins DEATH MATED | Mar. 18, 19 Robert Thomas 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED White Male DEAD Nov. 26. 1911 75 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRYL USA WIDOWED 1 Pennsulvania DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS St. Mary's Hospital Air Force Leonardtown SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d INSIDE CITY LIMITS? 13. STREET ADDRESS 136 COUNTY 13r. CITY OR TOWN Maruland Montgomery Silver Spring NO 1107 Melbourne Avenue 20901 YES . A FATHER'S NAME IS MOTHER'S MAIDEN NAME Richard Blanche French Timmins 17 INFORMANT ADDRESS 3115 Beaver Ter. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Son 1945-65 Rockville. Md. 20853 174-01-6256 Timmins Robert M. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), APPROXIMATE INTERVAL. BETWEEN CINGET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) DEPARTMENT OF HEAD PRIOR TO BURNAL, CI 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 71e PLACE OF INJURY (ATHOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFTER DEATH, WITH THE STATE AME IMORE. ARYLAND, 2120. 228 I certify that I taak charge of the remains described above, held an death resulted fram: Notural causes Accident Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED Mar. 18, 1987 SIGNATURE M.D MEDICAL EXAMINER EXAMINER'S NAME James C. Boud, M.D. ADDRESS 17 Jefferson Street Leonardtown, Md. TYPE OR PRINTI 23d LOCATION TIR BURIAL CREMAPION REMOVAL 73h 23c. NAME OF CEMETERY OR CREMATORY Arlington Mar. 20, 1987 Arlington National Burial MAR 2 3 24 FUNERAL DIRECTOR Francis J. Collins, Jr. 756 REGISTRAR'S SIGNAT **DHMH - 17** 500 University Blvd. W. Silver Spring. (VR A15 ME (5)) 28M 4/82

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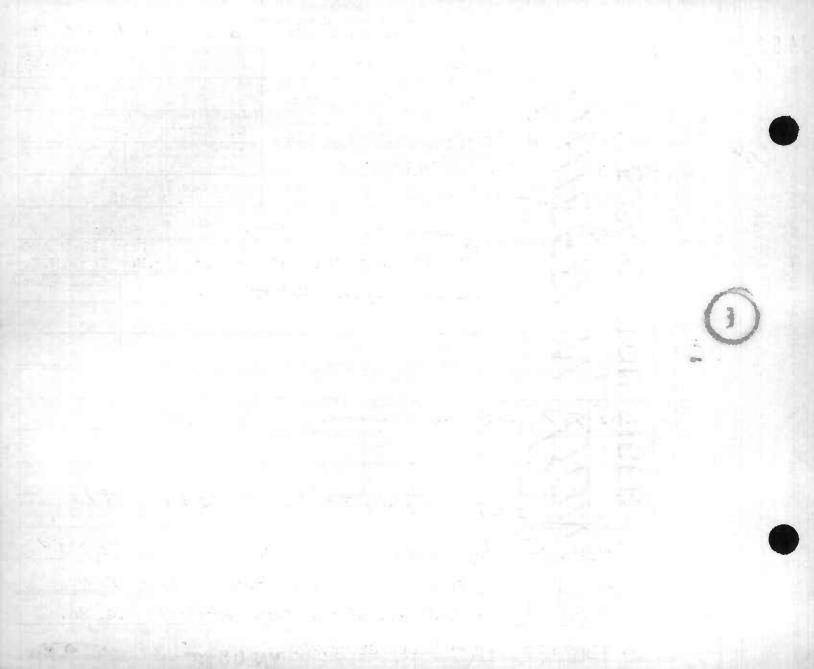
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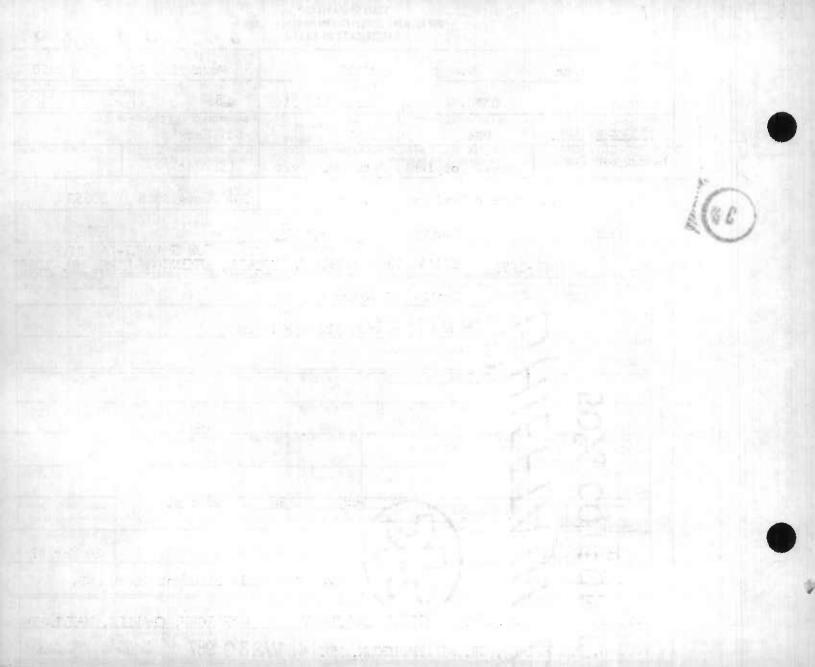
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) MARY MARCH 1, TOWNSEND 1987 08:35AM Koestler 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH Female White May 30,1894 TO BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED St. Mary's County Wisconsin U.S.A. 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Leonardtown Mary's Hospital St. HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Star Rt. Box 45 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? St. Mary's Avenue Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Schomisch Gertrude Joseph Koestler 166 SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Box 489 R APO 577-09-3282D No Marland Townsend jr. New York, N.Y. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) CVA PART L DEATH WAS CAUSED BY-DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from... saw the deceased alive an\_ and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ 22d PHYSICIAN'S NAME LITTE OF PRINTE should be with the Lloyd G. Cox II. M.D. Leonardtown, Marvland 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Brentwood P.G. Md. Ft. Lincoln Cem. Burial Mar.6,198 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4) Clarke Mattingley Leonardtown, Md

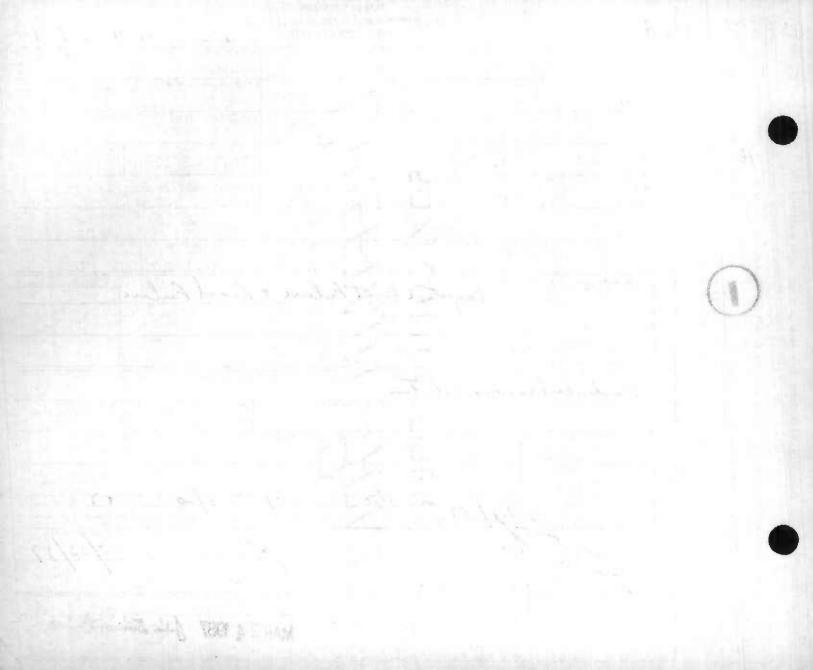


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THE TOO HAIL	10	REGISTRAR				CATE OF DEATH	REG. N		7 60	1 -2			
6 6 E		CEASED NAME FIRST	MIDE	DLE	(/	IST .		MONTH DAY	Y YEAR	26 HOUR			
oge 3		MARY	EDNA	1 N	VALLAC		March 10			7:00Am			
fer p	3 SE	X	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS			
s o		EMALE	WHITE			г.30,1924	62	YRS		MIN.			
	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8.	X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH				
	M	ID.	USA		WIDOWE		St. Mary	S		MD.			
1 11/3/	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSIN	IG HOME O	R OTHER INSTITUTION	12a. USUAL OCCUPATI		12b. KIND O	F BUSINESS OR			
		Leonardtown	St. Ma	ary's Ho	spita	1	HOMEMAKE		HOM	E			
1 12 2	13a	AL RESIDENCE (IF NURSING HOME O STATE 136 COU		E RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		24	14 1			
100	M			OLLYWO		YES NOX	RT.1. BO		5406	34			
1 11 10	14. F	ATHER'S NAME	MIDDIE	LAST	11.	15. MOTHER'S MAIDEN NA	WE			12/ 12/			
1 1 0 0	J			EDMAN	100	EVA	MIDDLE G.	E	VANS	,1			
		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 168	SOCIAL SECU	RITY NO.	17. INFORMANT		SSTAR	RT.B	OX 498			
1 1 1 1		O (IF 125, G)	VE WAR OR DATES)			GEORGE S. W	ALLACE		FORNI				
1 100		18 CAUSE OF DEATH (Enter o	nly one couse per ling	for 101, (b), one			111111111111111111111111111111111111111	OTTES T		MATE INTERVAL ONSET AND DEATH			
4 480		PART I. DEATH WAS CAUSE	ED BY			MONARY A	RREST			And Carlot Strain			
S		WWW		S_A CONSEQUE									
Section of the sectio		Conditions, if ony, which				CULAR ACC	LORNI						
2 2 2111		gove rise to immediate cause (a), stating the		S A CONSEQUE				11-1-10					
thot thot d by eose ol, cr	1	underlying cause lost.	(6)	HYPZ	RTEL	SION							
gned n ple buric		PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 1	0 :			
DIVISION OF VITAL RECORDS, 201 W.  NG PHYSICIAN. The law requires that otherading physician.  Ifter this certificate has been signed by as the burial-transit permit. Then please in and Mental Hygiene prior to burial, cr	CERTIFICATION	CORON		ZTRAY	DI	SBASE							
Prio Prio	18	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDIN	GS USED			
TALR The I the I con. The loss is the person of the person	E						YES NO	YES	NG CAUSES	NO [			
AN. The hysical ficate from the Hygical Hygical		210. ACCIDENT WAS UNDERLYING		NJURY MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART	I OR PART 2)				
ON OF HYSICIA Ins certifi burial-tr Mental	MEDICAL	OR CONTRIBUTING CAUSE OF DE	.mitt		19	The state of							
PHYS ending d Ac	i i	214 INJURY OCCURRED	21e PLACE OF	INJURY FACTORY, OFFICE, FA	ADM ETC I	211 LOCATION	CITY OF TO	wn	COUNTY	STATE			
offen the fer the street of th	2	AT WORK NOT WHILE AT WORK	The state of the s	TACTORI, OTTICE, IT	0/01	10.0	2/	100		3.4.0			
NDIR Por All All All All All All All All All Al	-	22a.1 certify that (I) (this hosp	ital) attended the di	ecgosed from_	3/8	19	_ to 3/10/	1 19		that (I) (we) lost			
Spiro Spiro CTO for of H		sow the deceased alive or above, (I) ( in the lift of deceased alive or	view the body ofte	er death.	on	that in (my) (our) opinion o	leath occurred on the do	ite and hour a	nd from the c	couses stated			
OR A DIREC		226. SIGNATURE	R		_	EGREE			22c. DATE S	SIGNED			
AL DAL DAL DAL DAL DAL DAL DAL DAL DAL D		white	Dennus	M	0	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	3-1	11-87			
HOSPIT	1	22d. PHYSICIAN'S NAME (TYPE				22e ADDRESS							
		John L. I	Bennett,	M.D.		California	a, Marylai	nd 206	19				
5 g 5 d 3 \$	23a I	BURIAL, CREMATION, REMOVAL	23b DATE	23c N	AME OF CE	METERY OR CREMATORY	23d. LOCATION						
BP		(SPECIFY) REMATION	3/13/8	7 C	EDAR	HILL CREMA	TORY SUIT	LAND F	OUNTY O G	MD -			
DHMH - 16 60M 7/84		UNERAL DIRECTOR					REC'D. BY REGISTRAR						
(VRA 15, 4)	W	. clarke mat	tingley,	leonar	dtown	n, md. MAR	12 1987	Auto M	200	Lett.			

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148751 HR.	1 -	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH									9216				
		CEASED NAME	FIRST	MIDDLE		L	.57		20. DATE C		MONTH D	AY YEAR	2b. HOU	IR			
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mo)	3. SE	(		I. RACE		5. DATE O		<b>31</b> °		YEARS LAST BIRT	ONTHS DAYS	IF UNDER	24 HRS				
ector ors of		MALE		CAUC.	V	Ma	rch°31		5								
2 hold:		RTHPLACE (STATE OR FO	1	b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVERM	ARRIED -		ORE CITY O	OF DEATH						
Bloss 82			RK.	USA		WIDOWE		ORCED		Mary'			MD.				
	Le	TY OR TOWN OF DEA xington Pa	rk	11. NAME OF HOSPI (IF NOT IN SUCH FACE Naval Ho	spital	, Pat			(TYPE OF WO	OCCUPATION REFORMOSTO	TWORKING LIFE)	IZE KIND ( INDUSTRY	OF BUSINE	SS OR			
isote be executed the first by the medical manufactors. Pages and a propers.	130. 5	AL RESIDENCE (IF NURSI STATE MD .	13P. CON.	Mary's Le	TITY OR TOWN	V 1	13d. INSIDE CIT	Y LIMITS?	308	ADDRESS Shangr	i La	206	53				
( 33)[8]	14. FA	THER'S NAME	~	NDDLE	LAST.	7 50	15. MOTHER'S	MAIDEN NAA	AE .	MIDDLE		LA	ST	177			
1 100		RONE		W	ARDELL		ES	TELLA				BAL					
MORE, n and Poges	16a V	VAS DECEASED EVER VES NO OR UNKNOWN) YES		WAR OR DATES!	541–32–		DONNA		DELL,		HANGRI GTON F			0653			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALING PHYSICIAN: The law requires that the death certificate antending physician.  Uter this certificate has been signed by the attending physician as the burial-transin permit. Then please remove carbon paper than Amental Hygiene prior to burial, cremation, or remaval, orked at Item 18 shaws any injury, or other traumatic event, the contraction of the statement o		Canditions, if any, gave rise to imm cause (a), stating underlying cause	which sediote the last.	DUE TO, OR AS A	ardio conseque rminal	NCE OF	nary ar	carcin					XMATE INTER	DEATH			
ECORDS, 22  aw requires  been signe  min. Then p  prior to bur  ony injury, 4	CERTIFICATION	PART 2 OTHER SIGN	24			ATION WAS PERFORMED						WERE FINDINGS USED					
ALR he ke hos if per h	TIF	Marie Said							YES 🗌	NO	YES		NO [				
SICIAN: The ng physicial certificate inial-transit ental Hygie tem 18 sho		218, ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	HOUR A.M.		Y YEAR	21c. HOW INJ	URY OCCURE	ED (ENTERN	ATURE OF INJUI	IY IN ITEM 18 PA	RT 1 OR PART 2}					
DIVISION C DING PHYSIC or after this cer e as the buria alth and Ment morked at the	MEDICAL	21d. INJURY OCCURR WHILE NOT WH. AT WORK AT WOR	LE 🗆	21s. PLACE OF IN (AT HOME, STREET, FA		ARM ETC )	21f LOCATIO	N		CITY OR TO	NN	COUNTY	5	STATE			
Distriction of the control of the co		22a.1 certify that (I) sow the decease	(this hospit	25 March	eased from 19	Novem	er d that in (my) (	, 19 <u>86</u> our) opinion (		resented on the do	, ,		that (I) (secouses sta				
TAL OR ALL OR ALL DIRECTOR DIR		B.M.	lle		geom.	(		TENDING HYSICIAN	MEDICAL DIRECTO	STAF	F IAN []		esigned Mar {	87			
TO HOSPITAL retained by the TO FUNERAL I should be detained by should be detained with the State I MAPORTANT.		B. MILLE		PRINT)		37		Hospi			nt Riv	er, MI	).				
BP	(	SURIAL, CREMATION, I	REMOVAL	3/26/87			REMATOR	Y	WAI	DORF.		ES. MA	ARYLA	STATE ND			
DHMH - 16 50M 4/82 (VRA 15, 4)		OWARD N. BI	RINSFI	ELD, JR.,	LEONAL	RDTOW	N, MD.	MA 250. DAT	R30	registrar 1987	231 REGISTA	CALCONA		A.			





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH ITYPE OR PRINTI 8 JENNIFER 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE LIN YEARS LAST BIRTHOAY! 1 SEX YEAR DAYS +EMAL & BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED MACYLAND WIDOWED DIVORCED T IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE IN NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138. STATE
136. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS NO A 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME DINAPA WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per lige for (a), (b), and ic BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to l, stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO F 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER! P.M 19 21d INJURY OCCURRED 211 LOCATION 21R PLACE OF INJURY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY NOT WHILE AT WORK 22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive an, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 226. SICHATURE DEGREE 22c. DATE SIGNED TO FUNERAL I ATTENDING MEDICAL STAFF IMPORTANT PHYSICIAN 22. ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) 23a BURIAL, CREMATION, REMOVAL 23d. LOCATION 236. DATE 23c NAME OF CEMETERY OR CREMATORY BURIAL BP 3/18/87 CHARLES MEMORIAL GARDENS LEONARDTOWN, ST. MAR 24 FUNERAL DIRECTOR GISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-16 25M** while from horas hadans CLARKE MATTINGLEY, LEONARDTOWN, MD. (VRA 15, 4) 1/79

